

[Research article] Publication types are listed in Table 1, available at <https://www.jeehp.org/authors/authors.php>.

Below is an example of a quasi-experimental study. It should follow the TREND Statement, available at <https://www.cdc.gov/trendstatement/>. The quasi-experimental study includes the following designs:

1. Non-equivalent control group pre-and post-test design: there are experimental and control groups. However, the participants are not allocated with randomization.
2. Non-equivalent control group pre-and post-test non-synchronized design: it is the same as the non-equivalent control group pre-and post-test design but the measurement time is different between the experimental and control groups.
3. Non-equivalent control group post-test only design: there is no pre-test and the participants are not allocated with randomization; data are collected after the intervention.
4. Single group pre-and post-test design: there is no control group; the pre-and post-test of a single group is executed after the intervention; the participants of the experimental group are not selected with randomization.
5. Time-series design: pre-and post-tests are done serially; randomized selection is not done; there is usually no control group.

**Title** Write the title in lowercase characters except for the first word's first character and any proper nouns, which should be capitalized. If including human subjects, specify the country in the title. Study design should be added after a colon.

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e-mail: [xxxxxx@jeehp.org](mailto:xxxxxx@jeehp.org) (It is strongly recommended to use the author's institutional e-mail rather than an e-mail address from a commercial company. An e-mail address from a commercial company can be added as a secondary e-mail with a semicolon to separate the e-mail addresses.)

Word count of abstract: 250 (maximum)

Word count of main text: 2,500 (maximum)

Number of references: 15 (maximum)

Number of tables and figures: 10 (maximum)

Submissions beyond the suggested limitations should be negotiated with the editorial board. The recommended word count, number of references, tables, and figures for manuscripts submitted to the *Journal of Educational Evaluation for Health Professions* according to publication type are presented in Table 1, available at <https://www.jeehp.org/authors/authors.php>.

## Abstract

**Purpose:** The aim of the study should be precisely described. It is recommended to add the hypothesis and/or research questions.

**Methods:** The type of research design, subjects, study period, measurement instruments, and statistical analysis should be described. Also, information on how units were allocated is required.

**Results:** The main results should be described.

**Conclusion:** The conclusion should be an answer to the purpose, hypothesis, or research questions.

**Keywords:** Cohort studies; Educational measurement; Program evaluation; Republic of Korea; Research design

It is mandatory to use **MeSH** terms through MeSH on Demand, available at:

<https://www.nlm.nih.gov/mesh/MeSHonDemand.html>. The use of other terms is negotiable with the editor.

## Introduction

**Background/rationale:** Explain the scientific background and rationale for the investigation being reported: what is known, what is unknown and important to know; what is the specific topic addressed in the manuscript; and why addressing that particular topic is important

**Objectives:** Specific objectives, including any pre-specified hypotheses or research questions, should be described in one paragraph.

## Methods

**Ethics statement:** If this study was on human subjects or human-originated materials, Institutional Review Board (IRB) approval, including the approval number, and informed consent from subjects are required. For a clinical trial, IRB approval is mandatory. For a secondary analysis using de-identified data, IRB approval may be waived. Please contact the editorial office to discuss the ethics statement. The most critical points of research and publication ethics are the safety of the study participants and the protection of personal information.

**Study design:** The study design should be described as following examples: Non-equivalent control group pre-and post-test design; Non-equivalent control group pre-and post-test non-synchronized design; Non-equivalent control group post-test only design; Single group pre-and post-test design; and Time-series design. It is described according to the Transparent Reporting of Evaluations with Nonrandomized Design (TREND )statement available from: <https://www.cdc.gov/trendstatement/index.html>.

**Setting:** Describe the relevant setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.

## Participants

Give the eligibility criteria and the sources and methods of participant selection. The research subjects should also be precisely described (e.g., age, sex, region, school, country, date and duration of the intervention, occupation, etc.). The reason for the inclusion or selection of subjects should be explained. If a certain

group is excluded, it should also be explained.

## Interventions

Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:

- o Content: what was given?
- o Delivery method: how was the content given?
- o Unit of delivery: how were the subjects grouped during delivery?
- o Deliverer: who delivered the intervention?
- o Setting: where was the intervention delivered?
- o Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?
- o Time span: how long was it intended to take to deliver the intervention to each unit?
- o Activities to increase compliance or adherence (e.g., incentives)

## Outcomes

Clearly define all outcome variables to be measured.

## Data sources/ measurement

For each variable of interest, give the sources of data and details of the measurement methods. Questionnaires in non-English languages may also be published as a supplement. If a measurement tool was used, the validity and reliability of the tool should be presented. If a measurement tool developed by other researchers was used, provide a proper citation of the tool and provide

permission only if the tool is not freely available to the public. This permission letter should be uploaded during the submission process.

### Bias

Discuss the impact of potential biases and remedies put in place to address them.

### Study size

Provide a theoretical and/or statistical justification for the sample size used in the study. Explain how an a priori sample size calculation or post hoc power analysis was performed. The a priori sample size calculation or post hoc power analysis should be based on the primary endpoint. Note that a power analysis based on the primary endpoint will not necessarily apply to any secondary measures.

### Assignment Method

Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)

Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization).

Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching).

### Blinding (masking)

Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so, statement regarding how the blinding was accomplished and how it was

assessed.

#### Unit of Analysis

Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)

If the unit of analysis differs from the unit of assignment, the analytical method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis)

**Statistical methods:** The statistical methods should be described in sufficient detail to allow the reviewers and any other reader to replicate the analysis. If reviewers want to analyze the data to confirm the results, the raw data will be requested by the editorial office. The computer program used should be specified, including the company and version. The city and the country of the company are included in parentheses. It is encouraged to provide statistical results that reflect the measurement error or uncertainty, such as confidence intervals, in addition to the P-value.

## Results

### Participants

A flow diagram is recommended. Give the demographic characteristics of the study participants.

### Main results

The main results should be described logically according to the methods. Raw data of the study should be submitted and mentioned. Briefly describe the core results when data are provided in tables or figures. In the results, audio or

video files are also welcomed. Extra supplementary material can be added.

The table(s) and figure(s) should serve the purpose of presenting the results succinctly and efficiently. The content of the tables should not be duplicated in the figures. Add tables in the main text. The table title should contain a precise description so that readers can understand the table content without reading the main text. For table footnotes, use alphabetical superscripts <sup>a), b), c)</sup>. The P-value should be written as a capital letter using a Roman character.

If the main results cannot be presented within a total word count of 2,500, attach the full data as a supplement.

## Discussion

### Key results

Start with the main objectives of the study. Briefly summarize the main findings.

### Interpretation

Give a cautious overall interpretation of results considering objectives, limitations, a multiplicity of analyses, results from similar studies, and other relevant evidence. Do not present findings that were not described in the results section.

### Comparison with previous studies

Please do not repeatedly present the results of previous relevant studies; instead, concisely state any points of discordance or concordance.



## Limitations

Discuss the limitations of the study, taking into account sources of potential bias or imprecision. Discuss both the direction and magnitude of any potential bias.

## Generalizability

Discuss the generalizability (external validity) of the study results. Consider the extent to which the results can be beneficial to other health educators around the world.

## Suggestions

Suggest areas for further study and/or implications for education and practice.

## Conclusion

Deduce the conclusion from the results, avoiding statements not described in the methods or results. If there were research hypotheses or questions in the introduction section, they should be answered. It is meaningful to mention the usefulness of the content in educational evaluations to promote medical or health education.

**ORCID** An ORCID number is essential for all authors. Full information should be added to the authors' ORCID. Without full information, the manuscript will not be considered for review. No chance for resubmission will be provided to authors.

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**Authors' contributions** Please describe all of the following:

Conceptualization: SH (ideas; formulation or evolution of overarching research goals and aims.)

Data curation: ARC (management activities to annotate [produce metadata], scrub data, and maintain research data including software code, where it is necessary for interpreting the data itself for initial use and later re-use.)

Methodology/formal analysis/validation: ARC, SH (development or design of methodology; creation of models, application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data, verification, whether as a part of the activity or separate, of the overall replication/reproducibility of results/experiments and other research outputs)

Project administration: SH

Funding acquisition: SH Writing – original draft: ARC

Writing – review & editing: ARC, SH (all authors should participate in this role)

### **Conflict of interest**

Sun Huh has been the Editor of the *Journal of Educational Evaluation for Health Professions* since 2005. Ara Cho has worked as an Assistant Editor of the journal since 2016. However, they were not involved in the peer reviewer selection, evaluation, or decision process of this article. Otherwise, no other potential conflicts of interest relevant to this article were reported. (If any authors are editorial board members, they should state this explicitly).

OR

No potential conflict of interest relevant to this article was reported.

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If there is no funding, write “None”

## **Data availability**

(Please upload supplementary files to the submission system).

Example) Dataset 1. The data file contains the currently-used guidelines for manuscript preparation.

## **Acknowledgments**

Ms. Choon-Hyang Seong, Research Assistant, Department of Parasitology, College of Medicine, Hallym University, Korea, helped us to check the format of manuscripts and to collect the necessary data.

(For any person mentioned in the acknowledgments, the job title, affiliation, and role in the study should be indicated. The person mentioned should provide written permission. Please upload the permission letter file via the e-submission system. Expressing appreciation to group members is not allowed.)

## Supplementary materials

(Please upload supplementary files to the submission system)

Example) Supplement 1. Author guidelines of journals

## References

[Journal] Describe all authors' names regardless of the number of authors.

There should be no issue number. Titles should be written in lowercase characters, except for the first character of the first word and any proper nouns.

The journal title should be presented using the ISO abbreviation.

[Article with article number without page number]

1. Bourque J, Skinner H, Dupré J, Bacchus M, Ainslie M, Ma IWY, Cole G. Performance of the Ebel standard-setting method in spring 2019 Royal College of Physicians and Surgeons of Canada internal medicine certification examination consisted of multiple-choice questions. J Educ Eval Health Prof 2020;17:12. <https://doi.org/10.3352/jeehp.2020.17.12>

[Article with page number]

2. Park SH, Kim YH, J Lee JY, Yoo S, Kim CJ. Ethical challenges regarding artificial intelligence in medicine from the perspective of scientific editing and peer review. Sci Ed 2019;6: 91-98. <https://doi.org/10.6087/kcse.164>

[Books]

· Entire book

3. Physician Assistant Education Association. By the numbers: program report 34: data from the 2018 program survey. Washington (DC): Physician Assistant Education Association; 2019. 48 p. <https://doi.org/10.17538/PR34.2019>

· Book chapter

4. Levine RE. Peer evaluation in team-based learning. In: Michaelsen LK, Parmelee DX, McMahon KK, Levine RE, editors. Team-based learning for health professions education: a guide to using small groups for improving learning. Sterling (VA): Stylus Publishing LLC.; 2008. p.103-116.

[Internet web sites]

5. Holmboe ES, Edgar L, Hamstra S. The milestones guidebook [Internet]. Chicago (IL): Accreditation Council for Graduate Medical Education; 2016 [cited 2020 Jan 6]. Available from: <https://www.acgme.org/Portals/0/MilestonesGuidebook.pdf>

### **Legends for figures**

**Fig. 1.** The legends should contain a precise description so that the figure can be understood by readers without reading the main text.